



RED HOUSE
SCHOOL

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12 January 2018

Dear Parents

Years 3-8 Half Term Sports Camp 12-16 February 2018

We are going to run another multi-sports camp over the February half term holiday. The camp will focus on sporting activities and the majority of the activities will be based at the P&S School site.

This will be aimed at pupils in Years 3-8 and will run for 1 week. The purpose of this camp is to help keep pupils active, improve sports skills and spend time with friends.

Pupils attending the camp will be asked to meet at the P&S School at 8.30am on each day and to bring a packed lunch with them. Activities will take place at School site but some may take place off site but you will be notified in advance of this happening. Pupils will be ready for collection at 4.00pm. We are applying a daily rate of £28.00 or £125 for booking a full week (ie Monday though to Friday). After hours care will be available between 4pm until 5pm at an extra cost of £4 a day.

If you are interested in your child attending this camp, please complete the attached forms with the days you wish your child to attend. Please return these to Mr Haywood no later than Friday 26 January.

Please can you pay direct to the school bank, using the following information:

- o Sort Code: 30-98-13
- o Account Number: 01776186
- o Bank: Lloyds Bank plc

Please ensure you use an easily identifiable reference code, eg sports camp and your child's name. It would also be helpful if you could put the reference you use on the reply slip.

It would be helpful if forms can be returned ASAP; this will allow us to book correct numbers for specific off site activities. The numbers for this camp are increasing significantly and places will be issued on a first come first served basis. More details of the daily arrangements will be made available once we have a firm steer on numbers and the overall viability of this initiative.

I would be happy to answer any queries or questions that you might have at this stage so please do not hesitate to contact me here at school if you wish to do so.

Yours sincerely

Mr S Haywood
Head N&I School

Years 3-8 Sports Camp 12-16 February 2018

Please tick which days you will be attending and complete the consent form.

Name _____ **Form** _____

Bank Reference _____

	Monday 12 Feb £28.00	Tuesday 13 Feb £28.00	Wednesday 14 Feb £28.00	Thursday 15 Feb £28.00	Friday 16 Feb £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

PARENTAL CONSENT FOR SPORTS CAMP

Pupil Name:

Form

1 dates required

.....

Time 9am – 4pm or 5pm

I agree to.....taking part in camp and have read the information sheet.

I agree to participation in the activities described.

I acknowledge the need for to behave responsibly.

2 **Medical information about your child:**

(a) Any conditions requiring medical treatment, including medication?

YES/NO

If YES, please give brief details:

.....
.....

(b) Please outline any special dietary requirements of your child

.....
.....

(c) Please indicate the type of pain/flu relief medication your child may be given, if necessary:

.....
.....

(d) Please give details of any other health/behavioural information which would be useful to the group leader:

.....
.....

(e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If yes, please give details:

.....

(f) Is your son/daughter allergic to any medication?
YES/NO

If yes, please specify:

.....
.....

(g) When did your son/daughter last have a tetanus injection:

.....

3 Declaration

I will inform the Group Leader/Headmaster as soon as possible of any changes in the medical or other circumstances.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Contact telephone numbers:

Work: Home:,.....

Mobile:

Home Address:

.....

Alternative emergency contact:

Name: Tel No:

Relationship to child:

Name of Family Doctor:

Tel No:

Signed: Date:

Relationship to child

Full Name:

(In capital letters please)

**THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON ANY VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**